



## **INCOMING MISSIONS APPLICATION INSTRUCTIONS** **(October 1, 2005 – September 30, 2006)**

### **SECTION I. INTRODUCTION**

The Jay Malina International Trade Consortium (ITC) provides support to organizations that lead incoming missions to Miami-Dade County. Eligible organizations receive the official endorsement of the ITC and Miami-Dade County for the mission; gain access to meetings with Miami-Dade elected officials, governmental agencies, private sector Chambers of Commerce, and other relevant groups; and may receive limited funding in an amount not to exceed \$2,000.

The mission support program consists of two parts. An Application for Mission Certification, and a reimbursement for mission expenditures consistent with the criteria established for Level I and II incoming missions by ITC. Certification of mission does not guarantee mission reimbursement. ITC reimburses certified missions only after grantees have satisfied mission reimbursement requirements.

Mission Application Process consists of:

- A. Application for Mission Certification
- B. Review of Mission Application
- C. Mission Certification
- D. Mission Reimbursement

### **SECTION I. INSTRUCTIONS - CRITERIA**

#### **A. QUALIFICATION FOR SUPPORT**

To qualify for support under the ITC Incoming Trade Missions Program, the mission's primary objective must be to develop trade relationships that foster or facilitate the trade of products, goods and/or the sourcing of representation through agents, distributors, and joint ventures; and to promote Miami-Dade County as a center for international trade. Applicants shall be evaluated in accordance with the Criteria established by the ITC Board of Directors.

#### **B. MISSION LEVELS**

##### **LEVEL I – RETURNING MISSIONS**

Incoming missions to Miami-Dade County as a result of an outgoing mission taken by the ITC or a third party under the ITC Third-Party Missions Program.

##### **LEVEL II – NEW MARKET OR BEST PRODUCTS MISSIONS**

Incoming missions to Miami-Dade County brought by an official government entity representing a foreign country, and incoming missions sponsored by a bi-national chamber of commerce.

##### **LEVEL III – BY PERSONAL INVITATION OF THE MAYOR, OR THE BOARD OF COUNTY COMMISSIONERS, OR ITC BOARD, OR ITC DIRECTOR**

Incoming missions or delegations which are visiting Miami-Dade County on personal invitations by the Mayor, the Board of County Commissioners or ITC.

## C. ELIGIBILITY FOR FUNDING

Qualifying organizations eligible for funding (the Grantee) must be legally incorporated as a Not-For-Profit organization in the State of Florida, or be a representative of foreign governmental agencies.

Level I, Level II, and Level III missions must have a minimum of 10 incoming delegates unless otherwise approved by the Executive Director for special circumstances.

Grantees may apply for funding for more than one mission but the maximum amount given to any entity for reimbursement of mission expenses for incoming and outgoing missions will not exceed \$5,000 in a County fiscal year.

To ensure equitable distribution of funds, priority for funding shall be given to missions presented by agencies that have not previously received funding and whose missions relate to the ITC Strategic Plan.

Mission expenses eligible for reimbursement include:

- Networking lunches or receptions
- Marketing and promotional materials (advertising, printing, mailings)
- Facilities/ Space Rental/ Transportation/ Equipment Rental
- Outside Contractual Services (Translation, Security)

***Copies of W-9 forms are required from vendors used in the mission***

**D. In order to be eligible to receive funding,** Grantees are required to use ITC logo in all publications related to the incoming mission, including the mission's program and Grantees must also agree to list ITC as a major sponsoring organization. In addition, in order to be eligible to receive funding, Grantees must complete and submit Section II (Application for Certification) at least forty (30) days prior to undertaking the mission (unless there are special circumstances), the Application for Certification must be approved by the ITC, and Section III (End of Mission Report) must be submitted no later than forty-five (45) days after the completion of the mission.

**ITC will not support incoming missions that are not exclusively trade related. All funding is contingent upon the availability of ITC funds. Applicants must consult the ITC regarding availability of funding prior to conducting the mission.**

## E. INCOMING MISSION SUPPORT PROVIDED BY ITC

1. Official ITC sponsorship of mission and certification to use ITC logo
2. ITC **may also** provide:
  - a. Meetings with ITC
  - b. Tours of governmental facilities
  - c. Seminars, workshops, conferences, presentations
  - d. Trade data and other related information services
  - e. Protocol services for senior level government officials
  - f. Transportation to official business related events
3. Limited funding in an amount not to exceed \$2,000

## F. CRITERIA FOR SUPPORTING THIRD PARTY REQUESTS FOR LEVEL I, II, AND III MISSIONS

**The criteria shall at a minimum include the following:**

	Maximum Assignable Points
I. Consistency of mission agenda with ITC's Annual Strategic Plan	5
II. Relevancy of mission agenda to mission's purpose and to ITC's Strategic Plan	5
III. Professional experience and competency of mission organizers	5
IV. Relevance of mission delegates to the objectives of mission	5
V. Proof of legal incorporation and not-for-profit status in the State of Florida	5
VI. Grantee's demonstrated financial capacity to undertake mission	<u>5</u>
<b>TOTAL POINTS</b>	<b>30</b>

\*Applicants must score a minimum of 20 points to be considered for funding



## **SECTION II. APPLICATION FOR CERTIFICATION FOR LEVEL I, II, AND III INCOMING MISSIONS**

**I. Name of Mission:** \_\_\_\_\_

Event Date(s): \_\_\_\_\_

Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Event Director: \_\_\_\_\_

Date of Submission: \_\_\_\_\_

Type of Mission: Level I \_\_\_\_\_ (Returning Mission)

Level II \_\_\_\_\_ (New Market or Best Products Mission)

Level III \_\_\_\_\_ (Invitational Mission – Mayor, Board of County Commissioner, ITC)

### **II. ORGANIZATIONAL STATUS:**

A. Date of Incorporation in the State of Florida: \_\_\_\_\_

Incorporated as:

\_\_\_\_\_ Not-For-Profit

\_\_\_\_\_ For Profit Organization

(Eligible to receive only certification and no funding)

B. Federal ID#: \_\_\_\_\_

C. Tax Exempt#: \_\_\_\_\_

### **III. PROJECT DESCRIPTION:** (Please attach additional sheets if necessary.)

Provide a detailed narrative description of the trade mission and its objectives. Each description should include at a minimum, the following:

\_\_\_ (a) Countries and cities which will be visiting Miami-Dade County, and goods or services they will be promoting.

\_\_\_ (b) How will the mission promote international trade and development in Miami-Dade County.

\_\_\_ (c) List of other co-sponsoring organizations both in Miami-Dade County and in visiting countries.

\_\_\_ (d) Describe event agenda – Give specific details.

\_\_\_ (e) Provide list of target products and/or industries that mission will promote.

\_\_\_ (f) List companies participating in the mission – (must be no less than ten).

\_\_\_ (g) Provide company profiles including number of employees, date started and other relevant information of participating companies.

\_\_\_ (h) Provide notarized statement indicating organization is legally incorporated as a not-for-profit corporation in the State of Florida.

\_\_\_ (I) Provide Financial Statement of organization's past fiscal year.

#### IV. ESTIMATED BUDGET

ITC will reimburse certified missions for approved expenses in an amount not to exceed \$2,000. Grantees are required to demonstrate below what other sources of funds they will use to undertake the mission.

##### Estimated Revenue

	<u>(A) CASH</u>	<u>(B) IN-KIND</u>
Estimated Participant Fees	_____	<u>N/A</u>
Estimated Sponsorships	_____	_____
Other Sources of Support – List	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
ITC Funding	<u>\$2,000.00</u>	<u>N/A</u>
Total Expected Revenues For Mission	_____	_____
Grand Total	<u>(A + B)</u>	

##### Estimated Expenses

###### ADMINISTRATIVE

###### Expenses

- Outside Contractual Services	_____
- Translation	_____
- Security	_____
- Facilities/ Space Rental/ Equipment Rental	_____
- Transportation	_____

###### MARKETING AND PROMOTION

Advertising	_____
Printing	_____
Mailings	_____
Group Meetings	_____
Networking Lunches and Receptions	_____
Total	<u>\$ 2,000</u>

Reimbursement **will be made only** upon the full completion of the End of Mission report (Section III) and with appropriate copies of receipts submitted to ITC no **later than forty-five (45) days after the completion of the mission**. Original receipts must be kept on file by Grantee for a period of three years.

**V. ATTESTATION**

I, \_\_\_\_\_, the grantee, agree to hold The Jay Malina International Trade Consortium (ITC), harmless from any actions or omissions arising from the trade mission. I also understand that ITC will reimburse grantee after the completion of the mission, use of ITC logo, the submission of End of Mission Report, and the requirements set forth in Section I-D of the application. The grantee agrees that the ITC reserves the right to cancel endorsement at any time prior to the date of the trade mission. The Grantee also certifies, under penalty of perjury, that information provided in Sections II and III of this certification for Outgoing Trade Mission is true and correct and submitted for the purpose of requesting reimbursement of up to \$2,000 from ITC. The grantee further certifies that no vendor used in this mission is related to any Officers or staff of the Grantee's.

By: \_\_\_\_\_

\_\_\_\_\_  
NAME & TITLE OF INDIVIDUAL

\_\_\_\_\_  
ORGANIZATION

\_\_\_\_\_  
DATE



### **SECTION III. END OF MISSION REPORT**

#### **I. End of Incoming Trade Mission Report**

-To be submitted to:

Executive Director, The Jay Malina International Trade Consortium  
111 N.W. 1<sup>st</sup> Street, 25<sup>th</sup> Floor, Suite 2560  
Miami, Florida 33128 USA

Must be submitted no later than 45 days after end of mission, to be eligible for reimbursements.

Name of Mission/ Event Date \_\_\_\_\_

Organizing Agency \_\_\_\_\_

Address: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**1. Please provide an official list of mission participants with names, addresses, and phone numbers:**

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**2. List the total number of appointments:**

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**3. List the names of the agencies, companies, organizations, visited during the mission:**

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**4. List the number of licenses/ joint ventures/ MOU's/ signed during this mission (if any):**

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**5. List number of agreements or prospects or contracts signed, by business category, during the mission (if any):**

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**6. Please describe networking and business opportunities emanating from this mission (if any):**

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## End of Mission Report (Cont'd)

**7. Describe how the mission benefited mission participants:**

For example, meeting new ventures, providing networking opportunities, opening doors to small and medium sized companies, or obtaining better understanding of the available opportunities in the visiting country. Please describe networking and business opportunities emanating from this mission (if any):

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**8. How did your business mission enhance Miami-Dade County's image as the center of international trade:**

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**9. How many of the mission's participants were first-time participants:**

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**10. Please list any other comments you would like to share regarding the mission:**

[illegible]

**Report Prepared By:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### SECTION III - END OF MISSION REPORT (Cont'd)

#### **II. Budget Reconciliation and Reimbursement Request**

Indicate below and attach receipts for expenses incurred in an amount not to exceed \$2,000. Original receipts must be kept on file by Grantee for a period of three years.

#### **BUDGET**

##### **ACTUAL REVENUES**

	<b><u>(A) CASH</u></b>	<b><u>(B) IN-KIND</u></b>
Participant Fees	_____	N/A
Sponsorships	_____	_____
Other Sources of Support – List	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
ITC Funding	\$2,000.00	N/A
Total Revenues For Mission	_____	_____
Grand Total	(A + B) _____	

##### **ACTUAL EXPENSES**

**THESE ARE THE ONLY EXPENSES ELIGIBLE FOR REIMBURSEMENT**  
**(Reimbursement cannot be processed without original receipts)**

##### **ADMINISTRATIVE**

##### **Expenses**

-Outside Contractual Services	_____
-Translations	_____
-Security	_____
-Transportation	_____
-Facilities/Space Rental/Equipment Rental	_____

##### **MARKETING AND PROMOTION**

-Advertising	_____
-Printing	_____
-Mailings	_____
-Group Meetings	_____
-Networking Luncheons and Receptions	_____

Total (up to \$2,000) \$ 2,000.00

I, \_\_\_\_\_ hereby certify that the information contained in parts II A and B is to the best of my ability true and correct:

\_\_\_\_\_  
**NAME OF MISSION**

\_\_\_\_\_  
Signature of Executive Director  
Or Authorized Representative

\_\_\_\_\_  
DATE